

# Office of the State Public Defender

## CONTRACTOR TRAVEL INFORMATION

The following information is needed to process your travel costs. Please complete this form, transfer the dollar amounts to your claim form **by case number** and attach this as backup documentation. All motel receipts must be attached. Note that costs exceeding \$200 must be pre-approved. Meal receipts are not required, but you must include your departure and arrival times to claim meals, reimbursed at the current state rate (\$5 breakfast, \$6 lunch, \$12 dinner). Mileage is also reimbursed at the current state rate (.55 per mile as of January 1, 2009).

<b>NAME</b>	<b>VENDOR NUMBER</b>
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**MAILING ADDRESS**

Date	Depart Time	am pm	Arrive Time	am pm	<b>REQUIRED</b> Destination/Reason for Travel	<b>REQUIRED</b> Client Name/ OPD Number	# Miles	Mileage Total \$	Meals (Per Diem)	Other Expense (Lodging etc.)	Total	

### OTHER EXPENSES

☐ List any additional expenses for reimbursement. Attach receipts.

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\_\_\_\_\_  
CONTRACTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED BY  
(RDPD, CONFLICT MANAGER OR APPELLATE DEFENDER)

\_\_\_\_\_  
DATE